PTC/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respon Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10088441 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Column 1) (Column I) FOR NUMBER EXTRA **NUMBER FILED** RATE RATE FEE FEE To all BASIC FEE ₃355 OR 2 (37 CFR 1 16(a)) TOTAL CLAIMS (37 CFR).16(c)) 9 minus 20 = 0 9 = 81 OR x \$ INDEPENDENT CLAIMS 42 = minus 3 = OR 210 (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR = If the difference micolumn I is less then zero, enter "0" in column 2 646 TOTAL OR TOTAL OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-⋖ REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total 9 Minus 3 0 (37 CFR 1.16(c)) OR Independent ઇ 8 Minus 0 0 (37 CFR 1.16(b)) 0 OR (17 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL 18 OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total (37 CFR 1.16(c)) Minus x S OR ••• Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total (37 CFR 1.16(c)) = Minus x \$ OR *** Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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OR

OR

TOTAL

ADDIT. FEE

TOTAL

ADDIT. FEE